

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35674

1. PLACE OF DEATH

County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City Columbia(No. 1)St. Mo.Ward 1

2. FULL NAME

(a) Residence, No. 1409 Pratt St.St. Mo.Ward. 1

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Martha Pulis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr. 5 1904

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

24724

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bus Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hallsville Missouri

13. NAME

C. E. Pulis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Prudence Owen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

Mr. Martha Pulis 1409 Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mem. Park DATE 12-1 1933

19. UNDERTAKER (ADDRESS)

Parke's Funeral Co 16 N. 10th

20. FILED

11/29/ 1933Allie Selby

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 193322. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1933, to Nov. 29 1933I last saw him alive on Nov. 29 1933 Death is saidto have occurred on the date stated above, at 1225 a.m.

The principal cause of death and related causes of importance were as follows:

Essential peritonitis Date of onset ?121A129

Other contributory causes of importance

Refrained appendixName of operation Opening of abdomen Date of 11/25/33What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ? Date of injury ? 19?Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ?Nature of injury ?24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify ?(Signed) E. Baskin M. D.(Address) Columbia Mo.

MAR 4 1948

WRITE PLAIN